

UNITED STATES BANKRUPTCY COURT

EASTERN DISTRICT OF VIRGINIA

Richmond Division

In re: HEALTH DIAGNOSTIC LABORATORY,
INC., et al.

Debtor(s)

§
§
§
§

Case No. 15-32919

Lead Case No. 15-32919

☒ Jointly Administered

Post-confirmation Report

Chapter 11

Quarter Ending Date: 03/31/2024

Petition Date: 06/07/2015

Plan Confirmed Date: 05/12/2016

Plan Effective Date: 05/12/2016

This Post-confirmation Report relates to: ☐ Reorganized Debtor

☒ Other Authorized Party or Entity: Liquidating Trustee

Name of Authorized Party or Entity

/s/ Robert S. Westermann
Signature of Responsible Party

04/19/2024
Date

Robert S. Westermann
Printed Name of Responsible Party

Hirschler Fleischer, P.C.
2100 East Cary Street
Richmond, Virginia 23223
Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

Debtor's Name HEALTH DIAGNOSTIC LABORATORY, INC., et al.

Case No. 15-32919

Part 1: Summary of Post-confirmation Transfers

	Current Quarter	Total Since Effective Date
a. Total cash disbursements	\$656,919	\$0
b. Non-cash securities transferred	\$0	\$0
c. Other non-cash property transferred	\$0	\$0
d. Total transferred (a+b+c)	\$656,919	\$0

Part 2: Preconfirmation Professional Fees and Expenses

a.			Approved Current Quarter	Approved Cumulative	Paid Current Quarter	Paid Cumulative	
	Professional fees & expenses (bankruptcy) incurred by or on behalf of the debtor <i>Aggregate Total</i>						
	<i>Itemized Breakdown by Firm</i>						
		Firm Name	Role				
	i	N/A					
	ii						
	iii						
	iv						
	v						
	vi						
	vii						
	viii						
	ix						
	x						
	xi						
	xii						
	xiii						
	xiv						
	xv						
	xvi						
	xvii						
	xviii						
	xix						
	xx						
	xxi						
	xxii						
	xxiii						
	xxiv						
	xxv						
xxvi							
xxvii							
xxviii							
xxix							

Case No. 15-32919

UST Form 11-PCR (12/01/2021)

Debtor's Name HEALTH DIAGNOSTIC LABORATORY, INC., et al.

Case No. 15-32919

lxxii						
lxxiii						
lxxiv						
lxxv						
lxxvi						
lxxvii						
lxxviii						
lxxix						
lxxx						
lxxxi						
lxxxii						
lxxxiii						
lxxxiv						
lxxxv						
lxxxvi						
lxxxvi						
lxxxvi						
lxxxix						
xc						
xc						
xcii						
xciii						
xciv						
xcv						
xcvi						
xcvii						
xcviii						
xcix						
c						
ci						

b.			Approved Current Quarter	Approved Cumulative	Paid Current Quarter	Paid Cumulative
	Professional fees & expenses (nonbankruptcy) incurred by or on behalf of the debtor					
	<i>Aggregate Total</i>					
	<i>Itemized Breakdown by Firm</i>					
	Firm Name	Role				
i	N/A					
ii						
iii						
iv						
v						
vi						

Debtor's Name HEALTH DIAGNOSTIC LABORATORY, INC., et al.

Case No. 15-32919

	vii					
	viii					
	ix					
	x					
	xi					
	xii					
	xiii					
	xiv					
	xv					
	xvi					
	xvii					
	xviii					
	xix					
	xx					
	xxi					
	xxii					
	xxiii					
	xxiv					
	xxv					
	xxvi					
	xxvii					
	xxviii					
	xxix					
	xxx					
	xxxi					
	xxxii					
	xxxiii					
	xxxiv					
	xxxv					
	xxxvi					
	xxxvii					
	xxxviii					
	xxxix					
	xl					
	xli					
	xlii					
	xliii					
	xliv					
	xlv					
	xlvi					
	xlvii					
	xlviii					

Debtor's Name HEALTH DIAGNOSTIC LABORATORY, INC., et al.

Case No. 15-32919

xlix						
l						
li						
lii						
liii						
liv						
lv						
lvi						
lvii						
lviii						
lix						
lx						
lxi						
lxii						
lxiii						
lxiv						
lxv						
lxvi						
lxvii						
lxviii						
lxix						
lxx						
lxxi						
lxxii						
lxxiii						
lxxiv						
lxxv						
lxxvi						
lxxvii						
lxxviii						
lxxix						
lxxx						
lxxxi						
lxxxii						
lxxxiii						
lxxxiv						
lxxxv						
lxxxvi						
lxxxvi						
lxxxvi						
lxxxix						
xc						

Debtor's Name HEALTH DIAGNOSTIC LABORATORY, INC., et al.

Case No. 15-32919

	xc						
	xcii						
	xciii						
	xciv						
	xcv						
	xcvi						
	xcvii						
	xcviii						
	xcix						
	c						
	ci						
c.	All professional fees and expenses (debtor & committees)						

Part 3: Recoveries of the Holders of Claims and Interests under Confirmed Plan

	Total Anticipated Payments Under Plan	Paid Current Quarter	Paid Cumulative	Allowed Claims	% Paid of Allowed Claims
a. Administrative claims	\$1,747,630	\$0	\$1,747,630	\$1,747,630	100%
b. Secured claims	\$14,681,508	\$0	\$14,681,508	\$14,681,508	100%
c. Priority claims	\$53,529	\$0	\$22,939	\$53,529	43%
d. General unsecured claims	\$0	\$0	\$74,715,619	\$198,229,696	38%
e. Equity interests	\$0	\$0	\$0		

Part 4: Questionnairea. Is this a final report? Yes ☐ No ☒

If yes, give date Final Decree was entered: _____

If no, give date when the application for Final Decree is anticipated: 05/13/2025b. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930? Yes ☒ No ☐

Privacy Act Statement

28 U.S.C. § 589b authorizes the collection of this information and provision of this information is mandatory. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6) and to otherwise evaluate whether a reorganized chapter 11 debtor is performing as anticipated under a confirmed plan. Disclosure of this information may be to a bankruptcy trustee when the information is needed to perform the trustee's duties, or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." *See* 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: http://www.justice.gov/ust/eo/rules_regulations/index.htm. Failure to provide this information could result in the dismissal or conversion of your bankruptcy case, or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

I declare under penalty of perjury that the foregoing Post-confirmation Report and its attachments, if any, are true and correct and that I have been authorized to sign this report.

/s/ Robert S. Westermann

Signature of Responsible Party

Counsel for Liquidating Trustee

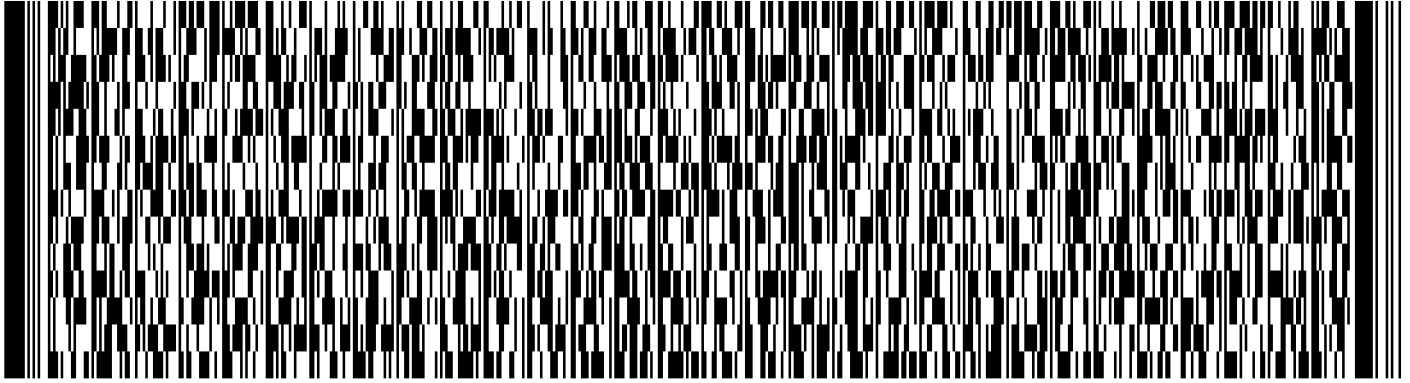
Title

Robert S. Westermann

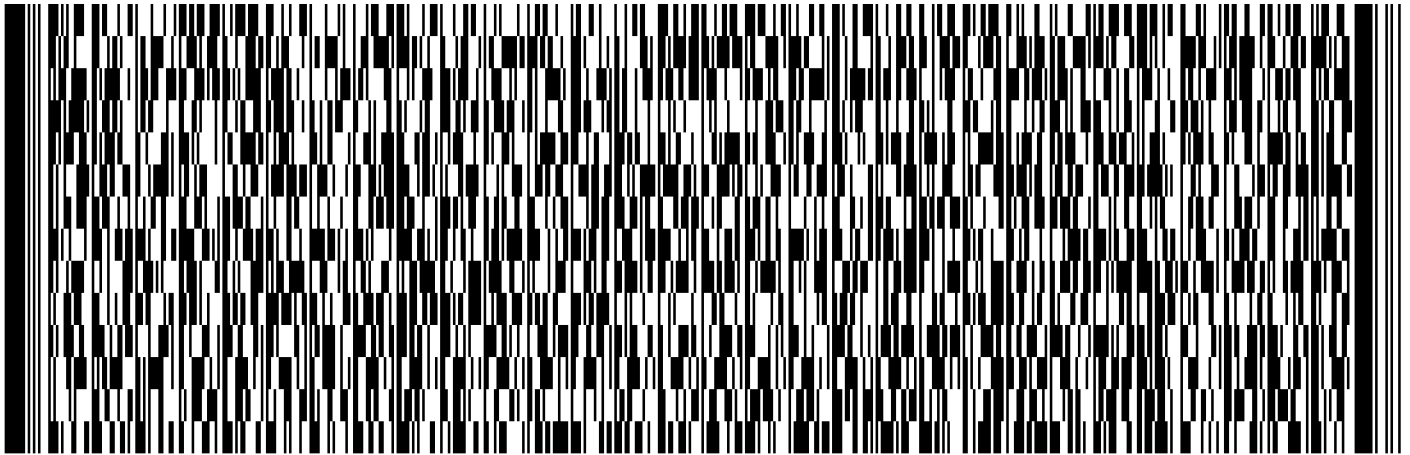
Printed Name of Responsible Party

04/19/2024

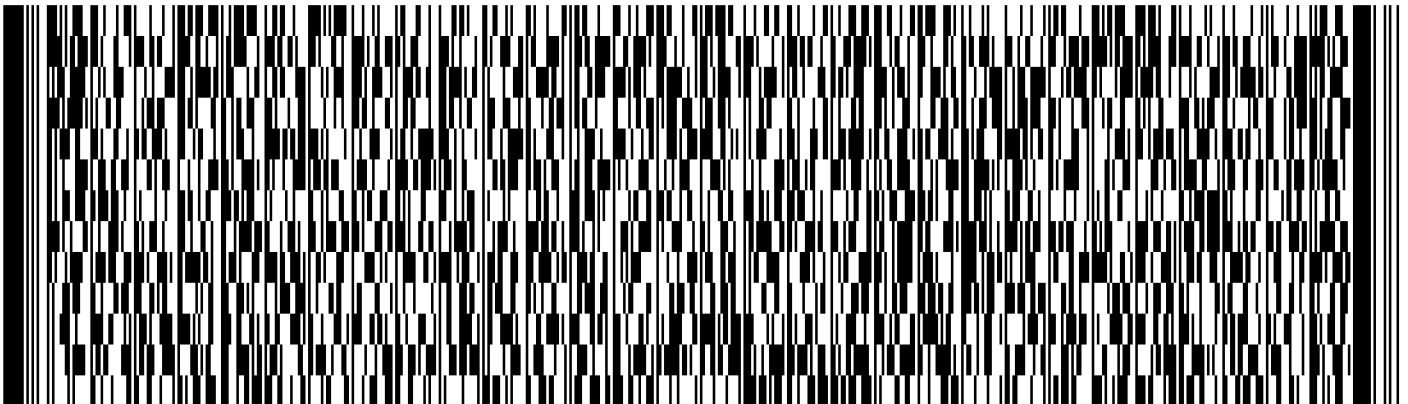
Date



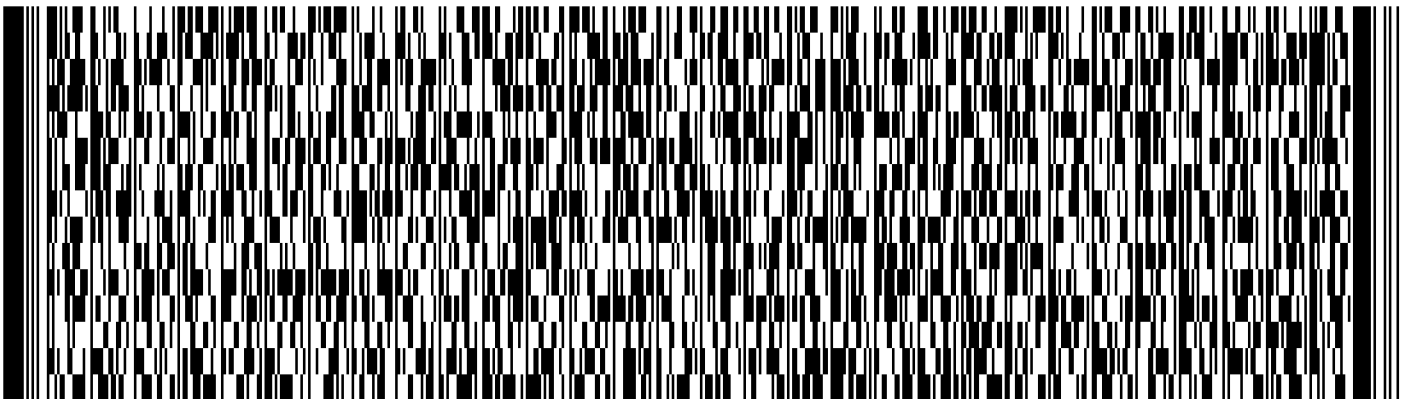
Page 1



Other Page 1



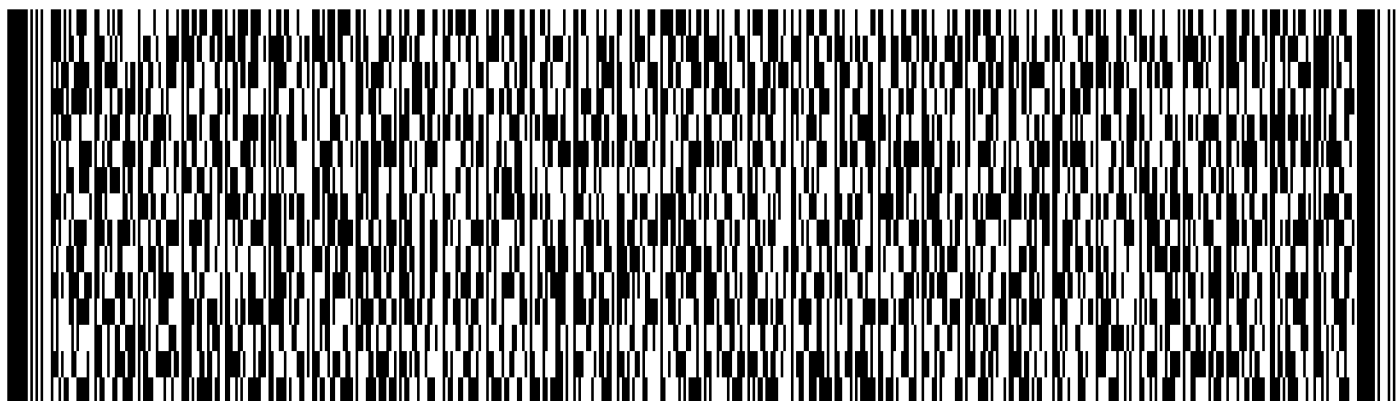
Page 2 Minus Tables



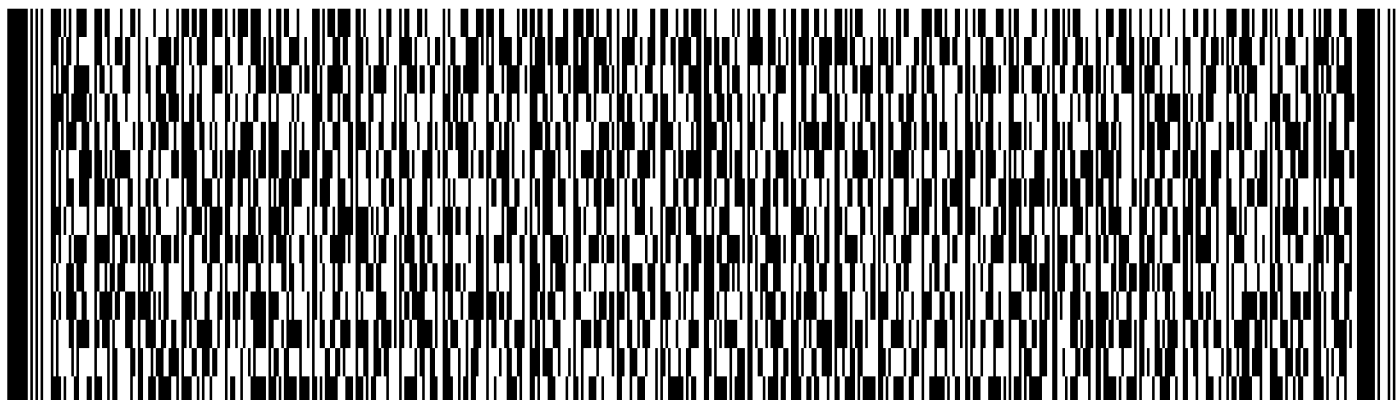
Bankruptcy Table 1-50



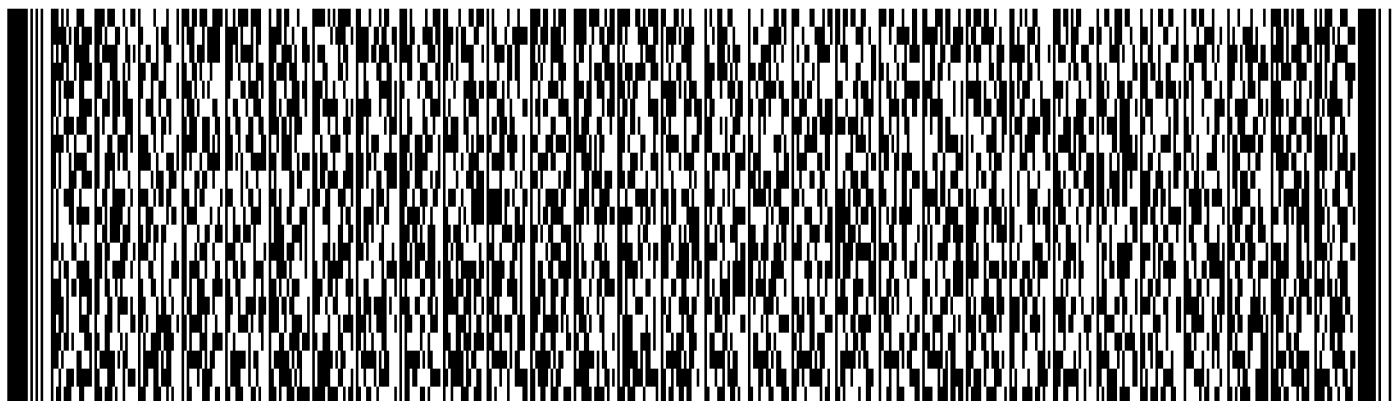
Bankruptcy Table 51-100



Non-Bankruptcy Table 1-50



Non-Bankruptcy Table 51-100



Part 3, Part 4, Last Page